

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): James, Robert E.	Name of Joint Debtor (Spouse) (Last, First, Middle): James, Florence	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): xxx-xx-9019	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): xxx-xx-9566	
Street Address of Debtor (No. and Street, City, and State): 120 Enclave Circle, Unit C Bolingbrook, IL	Street Address of Joint Debtor (No. and Street, City, and State): 120 Enclave Circle, Unit C Bolingbrook, IL	
ZIP CODE 60440	ZIP CODE 60440	
County of Residence or of the Principal Place of Business: Will	County of Residence or of the Principal Place of Business: Will	
Mailing Address of Debtor (if different from street address): 120 Enclave Circle, Unit C Bolingbrook, IL	Mailing Address of Joint Debtor (if different from street address): 120 Enclave Circle, Unit C Bolingbrook, IL	
ZIP CODE 60440	ZIP CODE 60440	
Location of Principal Assets of Business Debtor (if different from street address above):		
ZIP CODE		
Type of Debtor (Form of Organization) (Check one box.)	Nature of Business (Check one box.)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13
Tax-Exempt Entity (Check box, if applicable.)		
<input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		
Nature of Debts (Check one box.)		
<input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.		
Filing Fee (Check one box.)		
<input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		
Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information		
<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		
THIS SPACE IS FOR COURT USE ONLY		
Estimated Number of Creditors		
<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets		
<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,000 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$50,001 to \$1 million <input type="checkbox"/> \$1 million to \$50 million <input type="checkbox"/> \$50 million to \$1 billion	<input type="checkbox"/> \$1,000,001 to \$10,000,001 <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50 million to \$1 billion
<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,000 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500 million to \$1 billion <input type="checkbox"/> More than \$1 billion
Estimated Liabilities		
<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,000 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500 million to \$1 billion <input type="checkbox"/> More than \$1 billion

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Robert E. James Florence James
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)		
Location Where Filed: None	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)		
Name of Debtor: None	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		X <u>/s/ Robert J. Adams & Associates</u> 05/29/2008 <u>Robert J. Adams & Associates</u> Date
Exhibit C		
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?		
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
Exhibit D		
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)		
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.		
If this is a joint petition:		
<input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
Information Regarding the Debtor - Venue (Check any applicable box.)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
(Name of landlord that obtained judgment)		
(Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Robert E. James Florence James
Signatures		
Signature(s) of Debtor(s) (Individual/Joint) <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Robert E. James</u> Robert E. James</p> <p>X <u>/s/ Florence James</u> Florence James</p> <p>Telephone Number (If not represented by attorney) <u>05/29/2008</u> Date</p>		Signature of a Foreign Representative <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative) _____ (Printed Name of Foreign Representative) _____ Date</p>
Signature of Attorney* <p>X <u>/s/ Robert J. Adams & Associates</u> Robert J. Adams & Associates Bar No. 0013056</p> <p>Robert J. Adams & Assoc. 125 S. Clark, Suite 1810 Chicago, IL 60603</p> <p>Phone No. (312) 346-0100 Fax No. (312) 346-6228 <u>05/29/2008</u> Date</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>		Signature of Non-Attorney Bankruptcy Petition Preparer <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address X _____ Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. _____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</p>
<p>X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date</p>		

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: 420648784	-	DATE INCURRED: NATURE OF LIEN: Finance Company COLLATERAL: PMSI - 2003 Ford Taurus REMARKS:				\$9,870.00	
AmeriCredit PO Box 78143 Phoenix, AZ 85062		VALUE: \$9,870.00					
ACCT #:	-	DATE INCURRED: NATURE OF LIEN: Mortgage COLLATERAL: Single Family Home REMARKS:				\$195,185.00	
Citicorp Trust Bank PO Box 9438 Gaithersburg, MD 20898		VALUE: \$200,000.00					
ACCT #: 12-02-011-314-015-1003	-	DATE INCURRED: NATURE OF LIEN: Other COLLATERAL: Lien on Residence REMARKS:				\$4,215.00	
County of Will 302 N. Chicago S. Joliet, IL 60432		VALUE: \$4,215.00					
ACCT #: 35692178	-	DATE INCURRED: NATURE OF LIEN: Car loan COLLATERAL: PMSI - 2003 Ford Windstar REMARKS:				\$15,635.00	\$8,635.00
Ford Motor Credit Company National Bankruptcy Service Center PO Box 537901 Livonia, MI 48153-7901		VALUE: \$7,000.00					
Subtotal (Total of this Page) > Total (Use only on last page) >						\$224,905.00	\$8,635.00

2 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: 154-9112-93898	-	DATE INCURRED: NATURE OF LIEN: Auto Loan COLLATERAL: PMSI - 2007 Pontiac Vibe REMARKS: VALUE: \$21,415.00		\$21,415.00	
GMAC PO Box 5055 Troy, MI 48007-9716					
ACCT #: 00270691171	-	DATE INCURRED: NATURE OF LIEN: Car loan COLLATERAL: PMSI - 2003 Dodge Neon REMARKS: VALUE: \$4,000.00		\$4,625.00	\$625.00
Hinsdale Bank and Trust Company 25 E. First St. Hinsdale, IL 60521					
ACCT #: 09-0454625-6	-	DATE INCURRED: NATURE OF LIEN: Utility COLLATERAL: Lien on Residence REMARKS: VALUE: \$440.00		\$440.00	
Illinois American Water PO Box 94551 Palatine, IL 60094					
ACCT #: 120C	-	DATE INCURRED: NATURE OF LIEN: Other COLLATERAL: Lien on Residence REMARKS: VALUE: \$320.00		\$320.00	
The Enclave at Bolingbrook c/o Jones & Jones, Inc. 4513 Lincoln Ave., Ste. 208 Lisle, IL 60532					

Sheet no. 1 of 2 continuation sheets attached
to Schedule of Creditors Holding Secured ClaimsSubtotal (Total of this Page) >
Total (Use only on last page) >

\$26,800.00 \$625.00

(Report also on
Summary of
Schedules.) (If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
				DISPUTED		
ACCT #: 502-375-9465891-9001	-	DATE INCURRED: NATURE OF LIEN: Car loan COLLATERAL: PMSI - 2001 Cadillac Seville REMARKS:			\$5,970.00	
Wells Fargo Financial Acceptance 2501 Seaport Dr. Chester, PA 19013		VALUE: \$5,970.00				

Sheet no. 2 of 2 continuation sheets attached
to Schedule of Creditors Holding Secured Claims

Subtotal (Total of this Page) >	\$5,970.00	\$0.00
Total (Use only on last page) >	\$257,675.00	\$9,260.00

(Report also on
Summary of
Schedules.)

(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)